



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Guild for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	9523.86	18348.16
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	9523.86	18348.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	4868.54	13208.09
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	4868.54	13208.09
8. Cash on Hand at Close of Reporting Period (from Line 27).....	13366.57	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	7300.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Guild for Congress**

Report Covering the Period: From:  /  /  To:  /  /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4162.27	5938.27
(ii) Unitemized .....	5261.59	12309.89
(iii) TOTAL of contributions from individuals .....	9423.86	18248.16
(b) Political Party Committees.....	100.00	100.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	9523.86	18348.16
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	5600.00	7300.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	5600.00	7300.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	926.50
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	15123.86	26574.66

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4868.54	13208.09
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	4868.54	13208.09

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3111.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15123.86
25. SUBTOTAL (add Line 23 and Line 24).....	18235.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4868.54
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	13366.57

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 28  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Guild for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Veronna Brown**

Mailing Address 308 NW 42nd St

City State Zip Code  
Oklahoma City OK 73118

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2013

**Transaction ID : SA11AI.4660**

Amount of Each Receipt this Period  
 Contribution 200.00

**B.** Full Name (Last, First, Middle Initial)  
**Joel Epstein**

Mailing Address 521 W Lyon Farm Dr

City State Zip Code  
Greenwich CT 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Occupation Requested  
Self Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 04 / 2013

**Transaction ID : SA11AI.4573**

Amount of Each Receipt this Period  
 Contribution 25.00

**C.** Full Name (Last, First, Middle Initial)  
**Joel Epstein**

Mailing Address 521 W Lyon Farm Dr

City State Zip Code  
Greenwich CT 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Occupation Requested  
Self Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 29 / 2013

**Transaction ID : SA11AI.4833**

Amount of Each Receipt this Period  
 Contribution 25.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Guild for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joel Epstein**

Mailing Address 521 W Lyon Farm Dr

City State Zip Code  
Greenwich CT 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 31 2013

**Transaction ID : SA11AI.4886**

Amount of Each Receipt this Period  
25.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
**James Gragg**

Mailing Address 10609 Regent

City State Zip Code  
Oklahoma City OK 73162

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 07 2013

**Transaction ID : SA11AI.4655**

Amount of Each Receipt this Period  
500.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Barbara Hall**

Mailing Address 9532 Sand Hill Ct

City State Zip Code  
Highlands Ranch CO 80126

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation N/A

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 04 2013

**Transaction ID : SA11AI.4577**

Amount of Each Receipt this Period  
50.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

575.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Guild for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Barbara Hall**

Mailing Address 9532 Sand Hill Ct

City Highlands Ranch State CO Zip Code 80126

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation N/A

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 08 / 2013**

**Transaction ID : SA11AI.4779**

Amount of Each Receipt this Period  
**25.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Barbara Hall**

Mailing Address 9532 Sand Hill Ct

City Highlands Ranch State CO Zip Code 80126

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation N/A

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : SA11AI.4895**

Amount of Each Receipt this Period  
**25.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Debbie Hammons**

Mailing Address 31408 Old Highway

City Macomb State OK Zip Code 74852

FEC ID number of contributing federal political committee. **C**

Name of Employer RH Trucking Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 25 / 2013**

**Transaction ID : SA11AI.4642**

Amount of Each Receipt this Period  
**500.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**550.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 28  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Guild for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gene Hunt**

Mailing Address 4536 Kiva Ct

City State Zip Code  
Oklahoma City OK 73135

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**636.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 02 2013

**Transaction ID : SA11AI.4828**

Amount of Each Receipt this Period  
 Contribution **60.00**

**B.** Full Name (Last, First, Middle Initial)  
**Nancy Kenderdine**

Mailing Address 2805 NW 166th St

City State Zip Code  
Edmond OK 73012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**650.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 04 2013

**Transaction ID : SA11AI.4571**

Amount of Each Receipt this Period  
 Contribution **200.00**

**C.** Full Name (Last, First, Middle Initial)  
**Nancy Kenderdine**

Mailing Address 2805 NW 166th St

City State Zip Code  
Edmond OK 73012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 31 2013

**Transaction ID : SA11AI.4892**

Amount of Each Receipt this Period  
 Contribution **250.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**510.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Guild for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dennis Lipsitz**

Mailing Address 7112 NW 119th St

City Oklahoma City State OK Zip Code 73162

FEC ID number of contributing federal political committee. **C**

Name of Employer Unemployed Occupation Unemployed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 31 / 2013**

**Transaction ID : SA11AI.4727**

Amount of Each Receipt this Period  
**50.00**

Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Dennis Lipsitz**

Mailing Address 7112 NW 119th St

City Oklahoma City State OK Zip Code 73162

FEC ID number of contributing federal political committee. **C**

Name of Employer Unemployed Occupation Unemployed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**11 / 29 / 2013**

**Transaction ID : SA11AI.4838**

Amount of Each Receipt this Period  
**50.00**

Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Dennis Lipsitz**

Mailing Address 7112 NW 119th St

City Oklahoma City State OK Zip Code 73162

FEC ID number of contributing federal political committee. **C**

Name of Employer Unemployed Occupation Unemployed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**12 / 31 / 2013**

**Transaction ID : SA11AI.4908**

Amount of Each Receipt this Period  
**50.00**

Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**150.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Guild for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Nancy Majors**

Mailing Address 4334 NW Expressway  
Ste 252

City Oklahoma City State OK Zip Code 73116

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation N/A

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11AI.4918**

Amount of Each Receipt this Period  
250.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Kenneth McMillen**

Mailing Address 500 Edwards Dr

City Norman State RI Zip Code 73072

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2013

**Transaction ID : SA11AI.4902**

Amount of Each Receipt this Period  
100.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
**David Powell**

Mailing Address 18628 Agua Dr

City Edmond State OK Zip Code 73012

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Freelance Translator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 11 / 2013

**Transaction ID : SA11AI.4593**

Amount of Each Receipt this Period  
250.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 28  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Guild for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mark Ryan**

Mailing Address 247 W 26th St,  
Apt 4C

City State Zip Code  
New York City NY 10001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Google Information Technology

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**227.27**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 31 2013

**Transaction ID : SA11AI.4893**

Amount of Each Receipt this Period  
 Contribution **227.27**

**B.** Full Name (Last, First, Middle Initial)  
**Wanda Jo Stapleton**

Mailing Address 425 SW 51st St

City State Zip Code  
Oklahoma City OK 73109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 04 2013

**Transaction ID : SA11AI.4574**

Amount of Each Receipt this Period  
 Contribution **300.00**

**C.** Full Name (Last, First, Middle Initial)  
**Wanda Jo Stapleton**

Mailing Address 425 SW 51st St

City State Zip Code  
Oklahoma City OK 73109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 18 2013

**Transaction ID : SA11AI.4704**

Amount of Each Receipt this Period  
 Contribution **500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1027.27**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 28
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Guild for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Tallent & Associates**

Mailing Address 1620 Ridgecrest

City Edmond State OK Zip Code 73013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2013

**Transaction ID : SA11Al.4634**

Amount of Each Receipt this Period  
 Contribution 500.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

500.00

4162.27

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15  
 PAGE 13 OF 28

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NAME OF COMMITTEE (In Full)  
**Guild for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Don Sherry**

Mailing Address 1408 NW 147th St

City Edmond State OK Zip Code 73013

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Occupation Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA11B.4891**

Amount of Each Receipt this Period  
 100.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

100.00

100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 28  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Guild for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Guild**

Mailing Address PO Box 6621

City Edmond State OK Zip Code 73083

FEC ID number of contributing federal political committee. **C H00K05155**

Name of Employer University of Central Oklahoma Occupation Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2013

**Transaction ID : SA13A.4753**

Amount of Each Receipt this Period  
800.00

Loan

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Guild**

Mailing Address PO Box 6621

City Edmond State OK Zip Code 73083

FEC ID number of contributing federal political committee. **C H00K05155**

Name of Employer University of Central Oklahoma Occupation Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 29 / 2013

**Transaction ID : SA13A.4826**

Amount of Each Receipt this Period  
2500.00

Loan

**C.** Full Name (Last, First, Middle Initial)  
**Thomas Guild**

Mailing Address PO Box 6621

City Edmond State OK Zip Code 73083

FEC ID number of contributing federal political committee. **C H00K05155**

Name of Employer University of Central Oklahoma Occupation Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2013

**Transaction ID : SA13A.4922**

Amount of Each Receipt this Period  
2300.00

Loan

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5600.00

5600.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 28			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Guild for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2013	
Mailing Address PO Box 382110			Amount of Each Disbursement this Period 50.48	
City Cambridge	State MA	Zip Code 02238	Transaction ID : SB17.4590	
Purpose of Disbursement Merchant Service Fees		001 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. ActBlue</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2013	
Mailing Address PO Box 382110			Amount of Each Disbursement this Period 15.31	
City Cambridge	State MA	Zip Code 02238	Transaction ID : SB17.4623	
Purpose of Disbursement Merchant Service Fees		001 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. ActBlue</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2013	
Mailing Address PO Box 382110			Amount of Each Disbursement this Period 39.45	
City Cambridge	State MA	Zip Code 02238	Transaction ID : SB17.4724	
Purpose of Disbursement Merchant Service Fees		001 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	105.24
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Guild for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013	
Mailing Address PO Box 382110			Amount of Each Disbursement this Period 2.63	
City Cambridge	State MA	Zip Code 02238	Transaction ID : SB17.4804	
Purpose of Disbursement Merchant Service Fees		001 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. ActBlue</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013	
Mailing Address PO Box 382110			Amount of Each Disbursement this Period 3.56	
City Cambridge	State MA	Zip Code 02238	Transaction ID : SB17.4865	
Purpose of Disbursement Merchant Service Fee		001 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. ActBlue</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013	
Mailing Address PO Box 382110			Amount of Each Disbursement this Period 16.53	
City Cambridge	State MA	Zip Code 02238	Transaction ID : SB17.4803	
Purpose of Disbursement Merchant Service Fees		001 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	22.72
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Guild for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2013
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 0.16 <b>Transaction ID : SB17.4820</b>
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Merchant Service Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 1.79 <b>Transaction ID : SB17.4813</b>
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Merchant Service Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 7.26 <b>Transaction ID : SB17.4841</b>
City Cambridge	State MA	
Zip Code 02238	Purpose of Disbursement Merchant Service Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9.21
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Guild for Congress**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013	
Mailing Address PO Box 382110			Amount of Each Disbursement this Period 8.85	
City Cambridge	State MA	Zip Code 02238	Transaction ID : SB17.4842	
Purpose of Disbursement Merchant Service Fees		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. ActBlue</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address PO Box 382110			Amount of Each Disbursement this Period 22.83	
City Cambridge	State MA	Zip Code 02238	Transaction ID : SB17.4874	
Purpose of Disbursement Merchant Service Fees		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. ActBlue</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013	
Mailing Address PO Box 382110			Amount of Each Disbursement this Period 41.41	
City Cambridge	State MA	Zip Code 02238	Transaction ID : SB17.4875	
Purpose of Disbursement Merchant Service Fees		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	73.09
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Guild for Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2013
Mailing Address PO Box 536216		Amount of Each Disbursement this Period 50.89
City Atlanta	State GA	
Zip Code 30353	Purpose of Disbursement Telephone Service Expense	<b>Transaction ID : SB17.4687</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address PO Box 536216		Amount of Each Disbursement this Period 50.89
City Atlanta	State GA	
Zip Code 30353	Purpose of Disbursement Telephone Service Expense	<b>Transaction ID : SB17.4812</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Campaign Technology Professionals, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2013
Mailing Address 2601 NW Expressway Ste. 305W		Amount of Each Disbursement this Period 1080.00
City Oklahoma City	State OK	
Zip Code 73112	Purpose of Disbursement Campaign Finance Reporting	<b>Transaction ID : SB17.4676</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1181.78
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Guild for Congress**

Full Name (Last, First, Middle Initial) <b>A. Oklahoma Democratic Party</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2013	
Mailing Address 4100 N Lincoln Blvd			Amount of Each Disbursement this Period 1000.00	
City Oklahoma City	State OK	Zip Code 73105	Transaction ID : SB17.4672	
Purpose of Disbursement VAN access Services		005 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. Pam Paul</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013	
Mailing Address 2632 Cashion PI			Amount of Each Disbursement this Period 100.00	
City Oklahoma City	State OK	Zip Code 73112	Transaction ID : SB17.4856	
Purpose of Disbursement Consulting Service		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. Pam Paul</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013	
Mailing Address 2632 Cashion PI			Amount of Each Disbursement this Period 200.00	
City Oklahoma City	State OK	Zip Code 73112	Transaction ID : SB17.4675	
Purpose of Disbursement Consulting Service		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1300.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Guild for Congress**

Full Name (Last, First, Middle Initial) <b>A. Stoneway Office Center</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013		
Mailing Address 2401 NW 39th St			Amount of Each Disbursement this Period 1544.00		
City Oklahoma City	State OK	Zip Code 73112	Transaction ID : SB17.4674		
Purpose of Disbursement Campaign Office Rent Expense		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1544.00
<b>TOTAL</b> This Period (last page this line number only).....	4236.04

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Guild for Congress**

Transaction ID : **SC/10.4284**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Thomas Guild**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO Box 6621

City State ZIP Code  
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
200.00 0.00 200.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 01 / D 01 / Y 2013 M M / D D / Y 4/1/2015 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 200.00

**TOTALS** This Period (last page in this line only)..... ▶

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Guild for Congress**

Transaction ID : **SC/10.4209**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Thomas Guild**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO Box 6621

City State ZIP Code  
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
1000.00 0.00 1000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
06 / 11 / 2013 M M / D D / 4/1/2015 Y 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 1000.00

**TOTALS** This Period (last page in this line only)..... ▶

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Guild for Congress**

Transaction ID : **SC/10.4393**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Thomas Guild**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO Box 6621

City State ZIP Code  
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
300.00 0.00 300.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
09 / 06 / 2013 M M / D D / 4/1/2015 Y 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 300.00

**TOTALS** This Period (last page in this line only)..... ▶ [ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Guild for Congress**

Transaction ID : **SC/10.4548**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Thomas Guild**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO Box 6621

City State ZIP Code  
Edmond OK 73083

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

**TERMS**

Date Incurred: M 09 / D 26 / Y 2013  
 Date Due: M / D / Y 4/1/2015  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	200.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Guild for Congress**

Transaction ID : **SC/10.4753**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Thomas Guild**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO Box 6621

City State ZIP Code  
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
800.00 0.00 800.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
11 / 08 / 2013 M M / D D / 4/1/2015 Y 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 800.00

**TOTALS** This Period (last page in this line only)..... ▶ [ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Guild for Congress**

Transaction ID : **SC/10.4826**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**Thomas Guild**

Primary

General

Other (specify) ▼

Mailing Address  
PO Box 6621

City State ZIP Code  
Edmond OK 73083

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
2500.00 0.00 2500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 11 / D 29 / Y 2013 Y

M M / D D / Y 4/1/2015 Y

0.00 % (apr)

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 2500.00

**TOTALS** This Period (last page in this line only)..... ▶

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)  
LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Guild for Congress**

Transaction ID : **SC/10.4922**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
**Thomas Guild**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO Box 6621

City State ZIP Code  
Edmond OK 73083

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2300.00	0.00	2300.00

**TERMS**

Date Incurred: M 12 / D 31 / Y 2013  
Date Due: M / D / Y 04/1/2015  
Interest Rate: 0.00 % (apr)  
Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	2300.00
<b>TOTALS</b> This Period (last page in this line only).....	7300.00

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**